

**DEPARTMENT OF ADMINISTRATION
GRIEVANCE FORM
(Procedure A)**

Grievance No. _____

This form is to be used after the employee has orally taken up the grievance with the immediate supervisor, has had an opportunity for full discussion of the grievance, and has found the supervisor's response to be unsatisfactory at the First Step.

Employee's Statement: The following grievance occurred on _____ and was presented to immediate supervisor on _____. I am not satisfied with the answer received on _____ and therefore request the grievance be appeared to Step Two of the grievance procedure:

Grievance:

Requested Remedy:

Employee's Signature

Classification

Division

Phone Number

Date

Step Two

Supervisor's Supervisor: The above grievance was received by me on _____ which was (within / not within) the five day limit and my response is as follows:

Supervisor's Supervisor Signature

Date

() I am satisfied with this response and consider grievance to be settled.

() I am not satisfied with response and request an appeal to Step Three because:

Employee's Signature

Date

Step Three

Director's Response: The above grievance was received by me on _____ which was (within / not within) the five day limit and my response is as follows:

Director's Signature

Date

() I am satisfied with this response and consider grievance to be settled.

() I am not satisfied with response and request an appeal to Secretary of Administration because:

Employee's Signature

Date

Final Decision

Secretary of Administration's Response: The above grievance was received by me on _____ which was (within / not within) the five day limit and my decision is as follows:

Secretary's Signature

Date

Distribution:

Grievant
Immediate Supervisor
Supervisor's Supervisor

Division or Office Director
Secretary of Administration
Personnel Officer